	Effective January 1, 2003														
CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN (Column 1) (Column 2) TYPE C OR SHALL ENTITY															
π	OTAL CLAIMS	•	IIU				RATE	FEE	]	RATE	FEE				
FOR			NUMBER FILED		NUMBER EXTRA		7	BASIC FE	<b>375.00</b>	OR	BASIC FEE	750.00			
TOTAL CHARGEABLE CLAIMS			nin V	minus 20= •				X\$ 9=	1	OR	X\$18=				
IN	DEPENDENT CI	AIMS	3 minus 3 = *		• .			X42=	1	OR	V24-				
MULTIPLE DEPENDENT CLAIM PRESENT							]	+140=	<del>                                     </del>	OR	+280=				
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR					
1-26 (Solumn 1) (Column 2) (Column 3)										]	OTHER THAN				
7	-20 00	(Column 1) CLAIMS	_	(Column 2 RIGHEST	(C	<u>cotumn :</u>	3)	SMALI	ENTITY	OR	SMALL		}		
AMENDMENT A	`	REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA	<u>י</u>	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE			
Š	Total	• 16	Minus	- 20	·		]	X\$ 9=		ОЯ	X\$18-				
₹	Independent	NTATION OF A	Minus II II TIPI E DE	PENDENT CL	<u>-</u>	<u> </u>	-	X42=		OR	-X84≈				•
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+140=		OR	+280=				
								TOTA ADDIT, FE		OR	TOTAL ADDIT, FEE		1		
	19/07	(Column 1)	-	(Column 2	_(0	Column :	3)			_				. •	
AMENDMENT B		CLAIMS REMAINING AFTER AMENOMENT		HIGHEST NUMBER PREVIOUSL PAID FOR		PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	14,	23,2	4,29
3	Total	. 15	Minus	-30	<u> </u>			X\$ 8=		OR	X\$18=				
¥	Independent	o 4	Minus	en 3	<u></u>	4	4	X42=		OR	x3×(-	200-			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+140=		OR	+280=				
	1 1					•	l	TOTA		OR	TOTAL ADDIT, FEE	200-			
2	120/07	(Column 1)	hcE	- (Column 2	. AC	ciumn :		ADDIT, FEE			ADON. FEE		1		
MENT C	-	CLAIMS REMAINING AFTER AMENOMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	P	RESENT EXTRA	7	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE			
	Total	• 15	Minus	-20			7	X\$ 9=	1		X\$18=		İ		
AMENO	Independent	• .4	Minus	س س	1-		7		<del> </del>	OR			ŧ		
Ľ	FIRST PRESE	NTATION OF M	ULTIPLE DEI	PENDENT CL	IM.		J I	X42-	<b> </b>	OR	X84=		ł		
If the cate is entire 5 in the the the start is entire 5 and att to a second										+280=					
*	"if the "righest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE  OR  ADDIT. FEE  OR  TOTAL ADDIT. FEE												•		•
	The Highest Nurs	ber Previously Pe	id For (fotal o	r Independent) is	the hig	pheet nur	Ogr for	and in the a	ppropriate bo	x in co	lumn 1,	_			•

Application or Docket Number